

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/591484

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9						
10						
11						
12						
13						
14						
15						
16						
17	1					
18						
19						
20						
21						
22						
23	1					
24						
25						
26						
27						
28						
29						
30						
31						
32	1					
33						
34						
35						
36						
37						
38						
39						
40						
41	1					
42						
43						
44						
45						
46		1				
47						
48						
49						
50						
TOTAL IND.	5	↓		↓		↓
TOTAL DEP.	41	←		←		←
TOTAL CLAIMS	46					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						